

Case Number:	CM14-0096805		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2002
Decision Date:	10/01/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

ACOEM practice guidelines support an MRI of the lumbar spine for lumbar radiculopathy lasting at least 6 weeks and not improving if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of the available medical records included an MRI of the lumbar spine from 2011. The ACOEM does not address repeat MRIs. ODG will support a repeat MRI for a significant change in symptoms and/or findings suggestive of significant pathology. The guidelines require plain radiographs before an MRI may be requested. Due to the lack of documentation, the request is not considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Eszopiclone

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in seven to ten days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short term treatment (less than four weeks). Medications such as Lunesta are recommended for short term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. As this medication has been prescribed for an extended period of time, this request for Lunesta is not medically necessary.

1 prescription of Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not support benzodiazepines such as Klonopin for long-term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. As this medication has been prescribed for an extended period of time, this request for Klonopin is not medically necessary.

1 prescription of Lexapro 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603005.html>

Decision rationale: Lexapro is an antidepressant in the category of selective serotonin reuptake inhibitors (SSRI). It is intended to treat depression and generalized anxiety disorder. The progress note dated May 22, 2014, indicates that the injured employee has depression and an anxious mood. Additionally, there was reported benefit from using this medication in the past. As such, this request for Lexapro is medically necessary